

## INITIATE A FIELD MEDICAL CARD

For use of this form see TC 8-800; the proponent agency is TRADOC.

**TABLE:** V

**REFERENCE:** STP 8-68W13-SM-TG, Task: 081-831-0033, Initiate a Field Medical Card.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.

**PRINCIPAL PURPOSE:** To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.

**ROUTINE USES:** Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.

**DISCLOSURE:** Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

**1. Soldier (Last Name, First Name, MI)**

**2. Date (YYYYMMDD)**

**SCENARIO:**

While responding to an emergency call, you encounter SPC Joe J. Hartz, 888-45-6789, an alert 24 year old male relating a chief complaint of external bleeding from a gunshot wound to the right thigh. He says that he is in the Infantry, MOS 11B, with no religious preference, and was in a firefight. When the firefight was over he noticed his leg was bleeding. His airway is open; his respirations are 16 and strong. He has a radial pulse of 90, and his blood pressure is 120 over 80. You have applied a field dressing to the wound to control the bleeding; no medication was given. Using DD Form 1380 (US Field Medical Card), record the appropriate information.

### GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
<b>3. Performance Measures</b>						
a. Removed protective sheet from the carbon copy of the DD Form 1380.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Completed Block 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Completed Block 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Completed Block 4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Completed Block 7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Completed Block 9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Completed Block 11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Attached DD Form 1380 to the patient's uniform.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Demonstrated Proficiency</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<b>5. Start Time</b>	<b>6. Stop Time</b>	<b>7. Initial Evaluator</b>				
<b>8. Start Time</b>	<b>9. Stop Time</b>	<b>10. Retest Evaluator</b>				
<b>11. Start Time</b>	<b>12. Stop Time</b>	<b>13. Final Evaluator</b>				
<b>14. Evaluator's Comments</b>						

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